

From: Peter Oakford, Cabinet Member for Strategic Commissioning and Public Health

Andrew Scott-Clark, Director of Public Health

To: Health Reform and Public Health Cabinet Committee - 1st May 201

Subject: **Update on the use of Novel Psychoactive Substances in the UK and Kent**

Classification: Unrestricted

Previous Pathway: This is the first committee to consider this report

Future Pathway: None

Electoral Division: All

Summary: The purpose of this report is to brief members on what is known about the current extent of misuse of Novel Psychoactive Substances (NPS) in UK and Kent. Although a relatively small issue in Kent for current treatment providers (1.5% approximately), there have been notable harms related to NPS. This is a growing problem and still little is known about the scope and scale of the issue. National reports state that NPS are used mainly as substitute recreational drugs (club drugs) and by more vulnerable populations e.g.; the homeless and offenders. In Kent the local drug and alcohol partnerships are tackling the issue with surveillance, joint understanding and partnership working and increased training and awareness for front line staff.

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **comment on and endorse** local measures to tackle the use of Novel Psychoactive Substances.

1. Introduction

- 1.1. New psychoactive substances (NPS) are a world-wide problem, with growing concerns about the number of associated deaths. Public sale of these substances is banned, following the introduction of the Psychoactive Substances Act 2016, but NPS are readily available through the 'dark net' and on the streets. They are more affordable than other illegal drugs, and their proliferation has changed the drug scene in the UK. Trends in NPS use are uncertain, as records are poor. Such records that are kept show that NPS are used largely by the homeless community and by other vulnerable people, including those who offend.
- 1.2. The work to tackle the prevalence, impact and treatment of NPS is lagging behind NPS use. The UK government's new drug strategy and updated guidance for clinicians and substance misuse services are welcome developments. Substance misuse services do not generally offer NPS-specific work, and very few NPS users engaged fully with substance misuse services both locally and nationally. Few probation providers also routinely monitor ongoing NPS use. In Kent there are strong relationships between managers in substance misuse and probation

providers, but this varies for front-line practitioners both in substance misuse services and mental health and primary care.

- 1.3. New psychoactive substances, often incorrectly called legal highs, contain one or more chemical substances that produce similar effects to illegal drugs like cocaine, cannabis and ecstasy. NPS began to appear on the UK drug scene around 2008/2009 and fall into four main categories:
 - **Synthetic cannabinoids** – these drugs mimic cannabis and are traded under names such as Spice, Clockwork Orange, Black Mamba and Exodus Damnation. They bear no relation to the cannabis plant except that the chemicals act on the brain in a similar way.
 - **Stimulants** – these drugs mimic substances such as amphetamine, cocaine and ecstasy and include BZP, once commonly known as Meow Meow or M-Cat, Benzo Fury and MDAI.
 - **'Downers' or sedatives** – these drugs mimic tranquilisers or anti-anxiety drugs, particularly those from the benzodiazepine family, and include Etizolam, Pyrazolam and Flubromazepam.
 - **Hallucinogenic drugs** – these drugs mimic substances like LSD and include Bromo-Dragonfly and the more ketamine-like methoxetamine.
- 1.4. **The Legal Position:** While some of these substances had been made illegal under amendments to the Misuse of Drugs Act 1971, the continued introduction of different chemical compounds meant that many NPS could be sold legally. They could be easily bought online and on the high street, sometimes in 'head shops' (shops which sell drug paraphernalia) and sometimes in corner shops, convenience stores or garages. The drugs were sold in brightly coloured packaging under a variety of brand names, making it difficult to know what substance was being purchased; the contents of one branded package could change from week to week.
- 1.5. To help tackle the negative effects of these substances and risks they posed, the Psychoactive Substances Act 2016 made it illegal to produce, supply or import NPS (including for personal use) from May 2016. Following the changes in the law, supply has been driven underground and packaging changed to clear snap bags. Potency levels are much higher and more toxic (Linnell, 2017).
- 1.6. **Effects of the NPS:** Many of these drugs are unknown quantities and the effects depend on how much is consumed. Media reports have highlighted serious effects, including death and users being left in zombie-like states. Physical and psychological dependency can take hold after only a few weeks of NPS use. Acute effects can last thirty minutes to two hours, but symptoms may last until the next day. Factors that have an impact include body weight, gender, the strength of the drug, mood, physical and mental health, how the drug is taken, where it is taken and whether it is mixed with other drugs, including alcohol. The effects include loss of concentration and memory; anxiety and panic attacks; violent outbursts; symptoms consistent with psychosis; and altered mental state (Castellanos et al, 2016). These symptoms can be alarming and put people at risk if they are alone and cannot get help. There is also an increased risk of harm as the users cannot

control themselves or the situations they may be in. Treatment options are limited; there is no medicinal substitute available for NPS as there is for heroin.

2. Scale of the Problem in Kent

- 2.1. The prevalence of NPS is hard to quantify – both nationally and locally. This is because little is understood about how the NPS are manufactured worldwide. Users do not know what they are taking, are often misled and often passed off as more conventional drugs eg: ecstasy. Primary Care and A&E do not record NPS use. While the overall size of the NPS market is small in comparison with other drugs, an increasing number of countries are reporting seizures of NPS. There is also growing recognition of the harm associated with NPS use – often the result of crude manufacturing techniques and unpredictable dosage levels. As a result, they can be more lethal than other drugs. Concern is also rising about their use among marginalised populations such as prisoners and street homeless, attracted by the availability and low cost of NPS.
- 2.2. Treatment options are more limited than with other substances, for example opioids, where substitutes are available. In most cases, treatment involves psychosocial interventions to help people consider the health risks and the costs of using NPS, and to help them make behavioural changes to reduce harm and moderate their drug use.
- 2.3. In Kent from 2015 to current (March) 2018 service providers (CLG, Forward and Addaction) report that of the 90 people who have accessed the services for NPS, 32 people had NPS as their primary addiction. In other cases, NPS was recorded as being used with other substances such as opiates and/or alcohol. This is approximately 1.5% of all people in treatment services.
- 2.4. See Appendix 1 for National facts and figures.

3. Local Measures to tackle NPS

- 3.1 There is national guidance issued regarding the treatment of NPS. This centres on the treatment and identification of symptoms and training and awareness of front line staff. The guidance issued nationally also states that public health must ensure monitoring, alerts and surveillance are carried out appropriately and any learning from related harms are disseminated to all partner agencies. The national guidance also states the importance of joined up health and social care systems, close partnership working with police and crime and justice leads as well as other key community providers eg: homelessness and housing services.
- 3.2 In Kent the following are in place:
 - A Kent wide Drug and Alcohol Strategy that identifies NPS as a priority
 - A Kent Drug and Alcohol Partnership set up to steer the strategy and work closely together
 - Regular meetings at a commissioning level with CCG and police partners to assess quality and risk

- A public health surveillance system and alert system that links with a large array of community partners.
- Regular learning partnerships (Serious Incident Learning Partnership) where serious incidents, drug and alcohol related deaths and near misses are discussed and learning disseminated
- Training and Toxicology alerts: in partnership with Public Health England latest information and advice on NPS is disseminated widely via local providers.

4. Conclusion

Although a relatively small issue in Kent for current treatment providers (1.5% approximately), there have been notable harms related to NPS. This is a growing problem and still little is known about the scope and scale of the issue. National reports state that NPS are used mainly as substitute recreational drugs (club drugs) and by more vulnerable populations e.g homeless and offenders. In Kent the local drug and alcohol partnerships are tackling the issue with surveillance, joined understanding and partnership working and increased training and awareness for front line staff. In addition, working practices between local police and public health have been strengthened with a new combined Drug and Alcohol Strategy and partnerships with Trading Standards. More work is needed in raising awareness with front line staff.

5. Recommendations

Recommendation: The Health Reform and Public Health Cabinet Committee is asked to **comment on and endorse** local measures to tackle the use of Novel Psychoactive Substances.

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Background documents: none

Appendix 1

Key Facts on Novel Psychoactive Substances in UK

- 26 May 2016** The Psychoactive Substances Act 2016 came into effect, making so-called legal highs illegal to sell or give away for free
- 620** The number of new psychoactive substances being monitored by the European Monitoring Centre for Drugs and Drug Addiction, at the end of 2016
- 79** Deaths associated with the use of new psychoactive substances recorded by the Prisons and Probation Ombudsman between June 2013 and September 2016
- 147,000** Estimate from Crime Survey for England and Wales 2016/2017 of the number of people aged 16 to 59 years who had used new psychoactive substances
- 1.6%** Proportion of men aged 16 to 24 years who have used new psychoactive substances (compared to 0.4% of men and women aged 16 to 59 years)
- 1.7%** Proportion of adults aged 16 to 24 years who have used new psychoactive substances and have consumed alcohol in the past month (compared to 0.6% who abstain from alcohol)
- 75%** Proportion of those who had used new psychoactive substances who had used another drug.